


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90178 037 \*\*\*\*61.25

<b>DOCUMENT # N27778</b> 1. Entity Name <b>BERKELEY MANOR OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 6376 SPRINGHILL FL 34606 US			Mailing Address P.O. BOX 6376 SPRING HILL FL 34611 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2929032</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CARIGNAN, RICHARD</b> <b>4389 CRAIGDARRAH AVE</b> <b>SPRINGHILL FL 34606</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Richard J. Carignan</i></u> <span style="float: right;">2/21/06</span> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARIGNAN, RICHARD		NAME		
STREET ADDRESS	4389 CARRIGDARRAGH AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAHSTON, DALE		NAME	<i>RALSTON, Dale</i>	
STREET ADDRESS	4370 CRAIGDAPRACH AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLER, ELIZABETH		NAME		
STREET ADDRESS	4363 CRAIGDARRAGH AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTELL, WALTER		NAME		
STREET ADDRESS	4368 LAS PALMAS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSER, WALTER		NAME		
STREET ADDRESS	4301 HOFFMAN AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard J. Carignan*

2/21/06